

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (6-88)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/ 504,327
	Filing Date	Feb 14, 2000
	First Named Inventor	Ericsson Zenith
	Group Art Unit	2778 2173
	Examiner Name	not assigned
Total Number of Pages in This Submission		Attorney Docket Number KPI 2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks Request for Withdrawal as Attorney		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Woodside IP Law Group, Michael Hetherington
Signature	<i>Michael Hetherington</i>
Date	August 27 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: August 27, 2002			
Typed or printed name	Michael Hetherington	Date	Aug 27 2002
Signature	<i>Michael Hetherington</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Official

RECEIVED
8-27-02# 2
9-5-02
B. Hilliard

Please type a plus sign (+) inside this box



PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0036

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/504,327
Filing Date	Feb 14, 2000
First Named Inventor	Ericsson Zenith
Group Art Unit	2773
Examiner Name	not assigned
Attorney Docket Number	KPI 2

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Failure to pay several invoices for PCT and European Patent Office filings that were requested by Client.
Amount owed is approximately \$7000. Invoices have been outstanding for more than six months.
Non-responsive to my emails and emails of foreign associate to resolve the matter.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS
☐ Customer Number

Place Customer Number
Bar Code Label here

OR

☐ Firm or
Individual Name

Dr. Steven Ericsson Zenith

Address

1249 Lakeside Dr., Apt. 3046

Address

City

Sunnyvale

State

CA

ZIP

94086

Country

USA

Telephone

(650) 957-5477

Fax

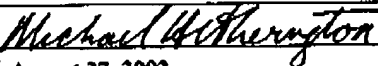
(408) 516-5477

This request is enclosed in triplicate.

Name

Michael Hetherington

Signature



Date

August 27, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.